

10/534904

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PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) P400456WO

Box No. I TITLE OF INVENTION

CONDUIT JUNCTION WITH INTERNAL EARTH

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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Applicant's registration No. with the Office

State (that is, country) of nationality:
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State (that is, country) of residence:
UNITED KINGDOM (GB)

This person is applicant
for the purposes of:



all designated States

all designated States except
the United States of Americathe United States
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the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:



applicant only



applicant and inventor

inventor only (If this check-box
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Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

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☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf
of the applicant(s) before the competent International Authorities as:



agent

common
representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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Box No. V DESIGNATION OF STATES Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
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- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

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| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UA Ukraine |
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- ☒ EGYPT (EG) ☒ BOTSWANA (BW) ☐

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See Notes to the request form

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Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:		1. <input type="checkbox"/> fee calculation sheet	:
request (including declaration sheets)	: 4	2. <input type="checkbox"/> original separate power of attorney	:
description (excluding sequence listings and/or tables related thereto)	: 9	3. <input type="checkbox"/> original general power of attorney	:
claims	: 3	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	:
abstract	: 1	5. <input type="checkbox"/> statement explaining lack of signature	:
drawings	: 7	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:
Sub-total number of sheets	: 24	7. <input type="checkbox"/> translation of international application into (language):	:
sequence listings	:	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:
tables related thereto	:	9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)	:
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)	:	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:
Total number of sheets	: 24	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:
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(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)	:
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Figure of the drawings which should accompany the abstract: 5

Language of filing of the international application:

ENGLISH

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

VINSOME, REX MARTIN

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
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